## **Application or Docket Number**

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

C9/672236

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                     |                                                                                                                                                                                                                                                                           |                                 |              |                                  |                  |           | SMALL ENTITY TYPE                                |    | OTHER THAN OR SMALL ENTITY |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------|----------------------------------|------------------|-----------|--------------------------------------------------|----|----------------------------|------------------------|
| FOR                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                           | NUMBE                           | NUMBER FILED |                                  | NUMBER EXTRA     |           | FEE                                              | 1  | RATE                       | FEE                    |
| BASIC FEE                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                           |                                 |              |                                  |                  |           | 345.00                                           | OR | $\{\nabla\}_{0}$           | 690.00                 |
| TOTAL CLAIMS                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                           | 26                              | minus 20     | )= * 6                           |                  | X\$ 9=    |                                                  | OR | X\$18=                     | / ৫৯.৮০                |
| IND                                                                                                                                                                                                                | EPENDENT CL                                                                                                                                                                                                                                                               | AIMS 5                          | minus 3      | = 2                              |                  | X39=      | 1                                                | OR | X/8±0                      | 150                    |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                                   |                                                                                                                                                                                                                                                                           |                                 |              |                                  |                  |           |                                                  | OR | +260=                      | 778.0                  |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                           |                                                                                                                                                                                                                                                                           |                                 |              |                                  |                  |           |                                                  | OR | TOTAL                      | 95400                  |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                        |                                                                                                                                                                                                                                                                           |                                 |              |                                  |                  |           |                                                  |    |                            | THAN                   |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                   |                                                                                                                                                                                                                                                                           |                                 |              |                                  |                  | SMALI     | OR SMALL ENTITY                                  |    |                            |                        |
| AMENDMENT A                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                           | REMAINING<br>AFTER<br>AMENDMENT |              | NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE      | ADDI-<br>TIONAL<br>FEE                           |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                    | Total                                                                                                                                                                                                                                                                     | •                               | Minus        | **                               | =                | X\$ 9=    |                                                  | OR | X\$18=                     |                        |
|                                                                                                                                                                                                                    | Independent                                                                                                                                                                                                                                                               | *                               | Minus        | ***                              | = .              | X39=      |                                                  | OR | X78=                       | -                      |
| Ĥ                                                                                                                                                                                                                  | FIRST PRESE                                                                                                                                                                                                                                                               | NTATION OF MI                   | JLTIPLE DEPI | ENDENT CLAIM                     |                  | +130=     |                                                  | OR | +260=                      |                        |
|                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                           |                                 |              |                                  |                  | TOTA      |                                                  | 1  | TOTAL                      |                        |
|                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                           | (Column 1)                      |              | (Column 2)                       | (Column 3)       | ADDIT. FE | E                                                | 10 | ADDIT. FEE                 |                        |
| AMENDMENT B                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                           | CLAIMS                          |              | HIGHEST                          |                  | <b></b>   | ADDI-                                            | 1  |                            | ADDI-                  |
|                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                           | RÉMAINING<br>AFTER<br>AMENDMENT |              | NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE      | TIONAL                                           |    | RATE                       | TIONAL                 |
|                                                                                                                                                                                                                    | Total                                                                                                                                                                                                                                                                     | *                               | Minus        | **                               | =                | X\$ 9=    |                                                  | OR | X\$18=                     |                        |
|                                                                                                                                                                                                                    | Independent                                                                                                                                                                                                                                                               | *                               | Minus        | ***                              | =                | X39=      |                                                  | OR | X78=                       |                        |
| È                                                                                                                                                                                                                  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                            |                                 |              |                                  |                  | +130=     |                                                  | 1  | +260=                      |                        |
|                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                           |                                 |              |                                  |                  | TOTA      | -                                                | OR | TOTAL                      |                        |
|                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                           |                                 |              |                                  |                  | ADDIT. FE |                                                  | OR | ADDIT. FEE                 |                        |
| <u> </u>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                           | (Column 1)<br>CLAIMS            |              | (Column 2)<br>HIGHEST            | (Column 3)       | ·         |                                                  | _  |                            |                        |
| AMENDMENT C                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                           | REMAINING AFTER AMENDMENT       |              | NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE      | ADDI-<br>TIONAL<br>FEE                           |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                    | Total ,                                                                                                                                                                                                                                                                   | •                               | Minus        | **                               | =                | X\$ 9=    |                                                  | OR | X\$18=                     |                        |
|                                                                                                                                                                                                                    | Independent                                                                                                                                                                                                                                                               | */                              | Minus        | ***                              | =                | X39=      |                                                  |    | X78=                       |                        |
|                                                                                                                                                                                                                    | FIRST PRESE                                                                                                                                                                                                                                                               | NTATION OF M                    | ULTIPLE DEP  | ENDENT CLAIM                     |                  | //60-     | <del>                                     </del> | OR | X1 0=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                                                                                                              |                                                                                                                                                                                                                                                                           |                                 |              |                                  |                  | +130=     |                                                  | OR | +260=                      |                        |
| **                                                                                                                                                                                                                 | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |                                 |              |                                  |                  |           |                                                  |    |                            |                        |
| The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                                                                                                                                                                                                                                           |                                 |              |                                  |                  |           |                                                  |    |                            |                        |